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## MEMORANDUM

TO: Medicaid Optometric Providers

FROM: North Dakota Medicaid

DATE: February 10, 2011

SUBJECT: New Prior Authorization Form effective March 1, 2011

**REVISED**  
**2-10-2011**

North Dakota Medicaid has updated the Vision Prior Authorization Form.

While there are several updates that have been made to the form, the most important to note is the change of where to send the completed prior authorization form. **Please fax the new Prior Authorization Form to North Dakota Medicaid at 701-328-1544.**

This new form will be effective (and required to use) beginning March 1, 2011. Any forms that are sent to ND Medicaid, and are not the updated version, will be returned to providers.

Attached is a copy of the new form. You can also find this form on our website, in a fillable format, at <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/vision-preauth-form-feb2005.pdf> or you may find it on the State's e-forms web site at <http://www.nd.gov/eforms/Doc/sfn00292.pdf> (SFN 292).

New forms that were mailed out to providers during the week of February 1<sup>st</sup> should be discarded. An omission was found on the Prior Auth form. The revised Vision Prior Authorization Form is enclosed and should be used from this point forward. The revised form has also been posted to the above web sites.

If you have any questions regarding the new form or where it is to be sent for review, please contact Provider Relations at 701-328-4030 or at 1-800-755-2604.

Enclosure